Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics



Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB		
Gift or Bequest information receive by a department or accepted by the Governor on behalf of the state		
For office use only Indexed	_	
Audited	_	
Checked	_	
Computer		

Date

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUES	·
PERATURENT OR OFFICE RECEIVING THE GIFT OR BEQUES	20
Division of Workers' Compensation	_
Name of Department or Office	s Moinea, IA 50319
Mailing Address Ci	ty, State, Zip Code
515-281-9335 Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	™
Christopher Godfrey	· ·
Name	
1000 E Grand Ave	Des Moines, IA 50319
Mailing Address (if different from above) christopher.godfrey@iwd.iowa.gov	City, State, Zip (if different from above) 515-281-8335
Email Address	Area Code & Telephone Number (if different from above)
ESTITUTE CARREST COLOR	Acta code de l'alaphone reuniber (il director nom above)
ONOR OF GIFT OR BEQUEST:	
Iowa Workers' Compensation Advisory Committee, Inc.	_
Name	
PO Box 1757 Des Moines, IA 50305	
Mailing Address City, State, Zip Code	6-30-11 \$7,946.25
515-252-1594	1 4
	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by
iwcacsecretary@msn.com	receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
• • • • • • •	
13 Apple iPad 2s and 13 Logitech Keyboard Cases fo	r iPad 2s.
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the s	tate or received by the Governor on behalf of the state.
	•
	•
tatement of Affirmation:	,
istement of Aminradon:	
On Calfred affirm that the gift or bequest reported above	e is accurate. I further affirm that the information concerning the donor and
ssessment of the fair market value (if applicable) is correct and true to the	best of my knowledge.
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